

December 11, 2001

Mr. Mike Reed  
Vice President  
Electronic Chrome & Grinding Co. Inc.  
9128-32 Dice Rd.  
Santa Fe Springs, CA 90670

RE: Hazardous Material Business Plan Update for Electronic Chrome & Grinding

Dear Mike:

I spoke to Richard Kallman, the City of Santa Fe Springs Fire Department inspector, to clarify some aspects of the 'Notice of Violation and Order to Comply' that he gave your company on updating your Business Plan Chemical Inventory. After some discussions, Mr. Kallman agreed to e-mail me the chemical inventory database file they created from your company's previous Business Plan data. This way I could directly update Electronic Chrome & Grinding chemical inventory and e-mail it back to Santa Fe Springs Fire Department, which I did on November 29, 2001. Included for your record are the e-mails between Mr. Kallman and myself, a hard copy of your chemical inventory, and a copy of the chemical inventory database file on a diskette.

In regards to the Nov. 5, 2001 Department of Toxic Substances Control letter about the Federal 2001 Biennial Hazardous Waste Report, you may have to do this report if you generated more than 2,200 lbs. or more of RCRA hazardous waste in any single calendar month. To really know if your company has to comply with the Biennial Report, I will need to review all the hazardous waste manifests for the 2001 calendar year, including this month (December).

If you have any question, please give me a call at (909) 525-9108

Sincerely,

Harding ESE, a MACTEC Co.



Ronald Lopez  
Senior Project Engineer

*MAILED 10/14/01  
COPIES OF HAZ WASTE RPT'S*



**City of Santa Fe Springs Fire Department**  
**Fire Protection Division Environmental Protection Division**  
 11300 Greenstone Ave. Santa Fe Springs CA 90670-4619 (562) 944-9713 fax (562) 941-1817

## NOTICE OF VIOLATION & ORDER TO COMPLY

**Business Name** Electronic Chrome & Coating **Contact** Ed Kruck  
**Site Address** 9132 Dore **Unit #** \_\_\_\_\_  
**Business Owner** \_\_\_\_\_ **Telephone** (562) 946-6671

**Date Inspected** 10 / 23 / 02 **Inspector(s)** Richard Kallman

☒ **FIRST NOTICE**

☐ **SECOND NOTICE**

**Compliance Due Date**

11-23-02

**Compliance Due Date**

**\$ 300 FINE AFTER THIS DATE**

**\$ 600 FINE AFTER THIS DATE**

Failure to comply by the 2nd Notice will result in additional legal enforcement action.

Correct the below stated violations, sign and return this form to avoid late fines.

| ITEM | PROGRAM | DESCRIPTION   | VIOLATION TYPE |
|------|---------|---|----------------|
| 1.   | HWG     | Provide secondary containment for filter press (22CCR66265.193)                       | minor          |
| 2.   | HWG     | clean spilled material from filter press area (CHSG 25189.3(a))                       | Class II       |
| 3.   | HWG     | Properly dispose of waste drums in front of canopy (CHSG 25189.3(a))                  | minor          |
| 4.   | T.P.    | Adjust & submit new closure cost estimate for tired permit unit (22CCR67450.13(a)(2)) | minor          |
| 5.   | WFC     | Chain compressed gas cylinders (WFC)  | other          |
|      |         |   |                |
|      |         |   |                |
|      |         |   |                |
|      |         |   |                |
|      |         |   |                |
|      |         |   |                |
|      |         |   |                |

I have read and understand the above stated violations. After these violations have been corrected, I will sign and return this form to avoid late fines.

Ed Kruck  
SIGNATURE OF RESPONSIBLE PARTY

ED KRUCK  
PRINT NAME

10-23-02  
DATE

The above conditions or practices represent a violation of the referenced code for which there are civil and/or criminal penalties. Failure to correct the above violations by the specified due date may result in legal action being taken against the above parties. The giving of this notice and recent inspection of your facility is not a representation by the City of Santa Fe Springs that no other violations exist on your premises. After you have corrected the violation(s), please sign and print your name along with the date and return this notice with any required documentation to the Santa Fe Springs Fire Department at the above address.

I HEREBY CERTIFY THAT THE ABOVE SPECIFIED VIOLATIONS HAVE BEEN CORRECTED

Ed Kruck  
SIGNATURE OF RESPONSIBLE PARTY

ED KRUCK  
PRINT NAME

\_\_\_\_\_  
DATE



# ELECTRONIC CHROME & GRINDING CO. INC.

9128-32 DICE RD. • SANTA FE SPRINGS, CA 90670 • (562) 946-6671 • FAX (562) 946-5903

*Hard Chrome Plating • Internal & External Grinding  
Chrome Tanks 16 Foot Depth • Power Honing to 6" Capacity  
Grinding Capacity to 20" x 120" • Centerless Grinding*

Santa Fe Springs Fire Department  
11300 Greenstone Ave.  
Santa Fe Springs, CA

November 21, 2002

## CLOSURE SCHEDULE AND COST ESTIMATE

Upon beginning of closure all wastewater that requires treatment will be treated per normal operating procedures that have been documented in another section of the permit application. The remaining wastewater that cannot be treated is estimated to be 100 gallons.

### Waste Pretreatment Unit

Transfer 100 gallons of wastewater to drums and dispose as hazardous waste 1 week required).

|               |                       |   |           |
|---------------|-----------------------|---|-----------|
| Disposal Cost | 2 tons @ \$495.00/ton | = | \$ 990.00 |
|---------------|-----------------------|---|-----------|

Decontaminate equipment, containing area, and structure  
(two weeks required)

|                 |                        |   |           |
|-----------------|------------------------|---|-----------|
| Analytical Cost |                        | = | \$ 440.00 |
| Labor           | 80 hours @ \$4.95/hour | = | \$ 396.00 |

Dismantle the equipment and structure (4 weeks required).

|              |                         |   |            |
|--------------|-------------------------|---|------------|
| Crane rental | 16 hours @ \$66.00/hour | = | \$ 1056.00 |
| Labor        | 200 hours @ \$4.95/hour | = | \$ 990.00  |

Disposal of equipment and structure (2 weeks required)

|   |                         |   |           |
|---|-------------------------|---|-----------|
| Disposal Cost (metal) (offset by the salvage value of steel). |                         | = | \$ 0      |
| Disposal Cost   | 4 tons @ \$300/4 tons   | = | \$ 330.00 |
| Engineering Fees  | 20 hours @ \$82.50/hour | = | \$1650.00 |
| Permit Fees (estimated).                                      |                         | = | 550.00    |

### Totals

Total time required to close FTUs is 9 weeks

Cost to close FTUs

= \$6402.00

Contingency (at 20%)

= \$1280.00

Total Cost

= \$7682.00



City of Santa Fe Springs • Certified Unified Program Agency  
**ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION**  
**FACILITY INFORMATION**

PAGE 1 OF 1

**I. FACILITY IDENTIFICATION**

DBA/FACILITY NAME Electronic Chrome + Grinding 3 FACILITY ID # 1

**II. STATUS**

NOTIFICATION STATUS 600 PERMIT STATUS (check all that apply) 601  
☒ Renewal  
☐ Initial  
☐ Amended  
☒ 1 = Facility Permit  
☐ 2 = Interim Status  
☐ 3 = Standardized Permit  
☐ 4 = Variance  
☐ 5 = Consent Agreement

**III. NUMBER OF UNITS AT FACILITY**

(Indicate the number of units you operate in each tier)

- A.      Permit by Rule (PBR)  
B. 1 Conditionally Authorized (CA)  
C.      Conditionally Exempt-Limited (CEL)  
D.      Conditionally Exempt-Commercial Laundry (CE-CL) (No unit form required)  
E.      Conditionally Exempt-Specified Wastestream (CESW)  
F.      Conditionally Exempt-Small Quantity Treatment (CESQT-may not function under another tier).  
1 TOTAL UNITS

**IV. CERTIFICATION AND SIGNATURE**

**Waste Minimization** I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

**Tiered Permitting Certification** I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Philip Reed 602 V.P./G.M. 603  
NAME (First Name, Last Name) TITLE  
Philip Reed 604  
SIGNATURE DATE

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only)  
☐ YES ☒ NO

STATE REASON FOR REQUEST

**V. ATTACHMENTS** Enclose one Unit Specific Notification Form for each unit (all tiers except CE-CL)

- |                                     |  |  |
|-------------------------------------|--|--|
| ALL tiers except CE-CL:             | PBR & CA ONLY:   | PBR ONLY:  |
| 1. Unit specific notification form. | 1. Closure Financial Assurance (DTSC form 1232).   | 1. Tank and container certifications, if required. |
| 2. Plot Plan                        | <input type="checkbox"/> Self Certified (<\$10,000) <input type="checkbox"/> Other mechanism | 2. Local agency notification.                      |
|                                     | 2. Phase I Assessment (DTSC form 1151).  | 3. Notification property owner.                    |
|                                     | 3. Prior enforcement history, if applicable.   |  |

OFFICIAL USE ONLY

|            |             |          |
|------------|-------------|----------|
| DATE REC'D | REVIEWED BY | COMMENTS |
|------------|-------------|----------|

**CITY OF SANTA FE SPRINGS FIRE DEPARTMENT**  
**Environmental Protection Division • Certified Unified Program Agency**  
 11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

Company Name: Electronic Chrome & Grinding  
 Inspected by: Richard Kallman

Address: 9132 Dine  
 Date: 10 / 23 / 02

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

| HAZARDOUS WASTE TREATMENT FACILITY INSPECTION REPORT   |   |  |   |   |                    |
|--|---|--|---|---|--------------------|
| ALL HAZARDOUS WASTE TREATMENT FACILITIES   |   | V  | C | N | NARRATIVE/COMMENTS |
| 1. Submit notification form and plot plan/map 60 days before hazardous waste treatment begins.   | CHSC 25200.3<br>CHSC 25201.5<br>CCR 67450.2(b)  |  | X |   |                    |
| 2. Correctly identify all generator information on the notification form.  | CCR 67450.2(b)<br>CHSC 25200.3(e)(3)<br>CHSC 25201.5(d)(7)<br>CHSC 25201.14(c)(2)<br>CHSC 25144.6(c)(6) |  | X |   |                    |
| 3. Amend the notification to reflect changes from the latest forms submitted.  | CHSC 25200.3(k)<br>CHSC 25201.5(i)<br>CCR 67450.3(c)(4)   |  |   | X |                    |
| 4. The treatment technology is authorized.   | CHSC 25201.5(e)<br>CHSC 25200.3(b)(3)<br>CCR 67450.3(c)(4)  |  | X |   |                    |
| <b>CONDITIONALLY EXEMPT</b>  |   |  |   |   |                    |
| 1. Prepare and maintain written operating instructions and a record of the dates, amounts, and types of waste treated for 3 years.   | CHSC 25201.5(d)(3)<br>CHSC 25201.5(d)(5)  |  | X |   |                    |
| 2. Prepare and maintain a written inspection schedule and log of inspections conducted for 3 years.  | CHSC 25201.5(d)(4)<br>CHSC 25201.5(d)(5)  |  | X |   |                    |
| 3. Remove or decontaminate all waste residues and systems, soils, etc. contaminated with hazardous waste and provide written notification upon completion of all activities.             | CHSC 25201.5(d)(8)  |  |   | X |                    |
| 4. Ancillary equipment of tanks or containers treating hazardous waste must be tested every two years if there is not secondary containment.   | CHSC 25201.5(e)<br>CCR 66265.191  |  | X |   |                    |
| <b>BOTH CONDITIONALLY AUTHORIZED/PERMIT-BY-RULE</b>  |   |  |   |   |                    |
| 1. Hazardous Waste Treatment Area Control:<br>▪ Sign posted "Danger Hazardous Waste Area - Keep Out"<br>▪ Access to entry point controlled at all times                                  | CCR 66265.17(a)<br>CCR 67450.3(c)(9)(A)<br>CHSC 25200.3(c)(1)   |  | X |   |                    |
| 2. Complete the Tiered Permitting Phase I Environmental Assessment Checklist (DTSC form 1151).   | CHSC 25200.14(a)(1)<br>CHSC 25200.3(c)(3)   |  | X |   |                    |
| 3. Submit financial assurance (when required) for closure and a Certification of Financial Assurance form.   | CHSC 25245.4(b)(1)(B)<br>CCR 67450.13(a)  |  |   | X |                    |
| 4. Adjust the closure cost estimate for inflation by March of each year.   | CCR 67450.13(a)(2)  | X  |   |   |                    |
| <b>CONDITIONALLY AUTHORIZED ONLY</b>   |   |  |   |   |                    |
| 1. Certify annually that a program has been established to reduce the volume or quantity and toxicity of hazardous waste to the degree deemed economically practicable by the generator. | CHSC 25200.3(c)(2)<br>CHSC 25202.9  |  | X |   |                    |
| 2. Maintain the hazardous waste area containment system to be free of cracks or gaps, and be impervious to leaks, spills, and accumulated precipitation.                                 | CHSC 25200.3(c)(4)<br>CCR 66264.175(a)<br>CCR 66264.175(b)(1)   |  | X | X |                    |
| 3. Remove spills, leaks, or accumulated precipitation from containment area in a timely manner.  | CHSC 25200.3(c)(4)<br>CCR 66264.175(b)(5)   | X  |   |   |                    |
| 4. Ancillary equipment, without secondary containment, must be integrity tested every two years.   | CHSC 25200.3(c)(4)(A)<br>CCR 66265.191  |  |   | X |                    |
| 5. Prepare and maintain a written inspection schedule and a log of inspections conducted.  | CCR 66262.34(d)(2)  |  | X |   |                    |
| 6. Treat only hazardous waste generated onsite.  | CHSC 25200.3(c)(8)  |  | X |   |                    |
| <b>PBR ONLY</b>  |   |  |   |   |                    |
| 1. Label exterior of each FTU.   | CCR 67450.3(c)(7)   |  |   |   |                    |
| 2. Provide the waste analysis plan (CCR 66265.13(b)).  | CCR 67450.3(c)(8)(A)  |  |   |   |                    |
| 3. Provide written inspection schedule (CCR 66265.15(b)).  | CCR 67450.3(c)(8)(B)  |  |   |   |                    |
| 4. Provide a copy of the closure plan (CCR 67450.3(c)(11)(B)).   | CCR 67450.3(c)(8)(G)  |  |   |   |                    |
| 5. Failure to prepare/submit annual report requested by CUPA.  | CCR 67450.3(c)(10)  |  |   |   |                    |
| <b>CLOSURE REQUIREMENTS FOR PBR</b>  |   |  |   |   |                    |
| 6. Failure to remove hazardous waste within 90 days of treating the final volume.  | CCR 67450.3(c)(11)(D)   |  |   |   |                    |
| 7. Failure to complete closure activities within 180 days of final hazardous waste removal.  | CCR 67450.3(c)(11)(E)   |  |   |   |                    |
| 8. Failure to notify the CUPA 15 days before the completion of closure.  | CCR 67450.3(c)(11)(F)   |  |   |   |                    |
| 9. Failure to submit a closure certification signed by the o/o and a P.E.  | CCR 67450.3(c)(11)(G)   |  |   |   |                    |
| Number of TP on file:<br>PBR ___ CA <u>1</u> CESW ___ CESQT ___ CEL ___ CE-CL ___ TOTAL ___  |   | FTU's On-site during inspection:<br>PBR ___ CA <u>1</u> CESW ___ CESQT ___ CEL ___ CE-CL ___ TOTAL ___ |   |   |                    |

*- need to build*



# City of Santa Fe Springs Fire Department

Environmental Protection Division • Certified Unified Program Agency

11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

## CUPA INSPECTION REPORT

PERMIT NO: 600152  
BUSINESS NAME: ELECTRONIC CHROME  
SITE ADDRESS: 9132 DICE,  
FACILITY PHONE: 5629466671  
SIC CODE: 3471  
INSPECTOR: RAK

☒ HMBP ☐ UST  
☒ HWG ☐ CalARP  
☐ Industrial Waste ☐ SPCC  
☒ UFC ☒ Storm Water  
☒ Tiered ☒ LQG  
☐ PBR-HHW ☐ Recycler

Inspected by: Richard Kallman

Date: 10 / 23 / 02

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

Inspection consent given by: Ed Kruck

### HAZARDOUS WASTE GENERATOR

|  |                    | V | C | N |
|--|--------------------|---|---|---|
| 1. Hazardous Waste Generator Permit            | CITY ORD. 97.400   |   |   | X |
| 2. Hazardous Waste Determination made          | CCR 66262.11       |   |   | X |
| 3. EPA ID Number obtained                      | CCR 66262.12(a)    |   |   | X |
| 4. Proper disposal of hazardous waste          | CHSC 25189.5(a)    |   |   | X |
| 5. Operate/maintain to prevent release/fire    | CCR 66265.31       |   |   | X |
| 6. Container labeling requirements met         | CCR 66262.34(f)    |   |   | X |
| 7. Hazardous waste accumulation time           | CCR 66262.34(e)(1) |   |   | X |
| 8. Hazardous waste containers sound            | CCR 66265.171      |   |   | X |
| 9. Maintain proper aisle space                 | CCR 66265.35       |   |   | X |
| 10. Hazardous waste containers closed          | CCR 66265.173(a)   |   |   | X |
| 11. Separation of incompatible hazmat          | CCR 66265.177(c)   |   |   | X |
| 12. Proper mgmt. contaminated containers       | CCR 66261.7(f)     |   |   | X |
| 13. Haz waste storage area inspected weekly    | CCR 66265.174      |   |   | X |
| 14. Haz waste tanks inspected daily            | CCR 66265.195      |   |   | X |
| 15. Satellite accumulation requirements met    | CCR 66262.34(e)    |   |   | X |
| 16. Ignitable/reactives 50' from property line | CCR 66265.176      |   |   | X |
| 17. Contingency Plan established               | CCR 66265.51       |   |   | X |
| 18. Hazardous waste manifest complete          | CCR 66262.23(a)    |   |   | X |
| 19. Manifest copies sent to DTSC               | CCR 66262.23(a)(4) |   |   | X |
| 20. Manifest copies retained for 3 years       | CCR 66262.40(a)    |   |   | X |
| 21. LDR documents retained for 3 years         | CCR 66268.7(a)     |   |   | X |
| 22. Consolidated manifest record-keeping       | CHSC 25144.6       |   |   | X |
| 23. Biennial Report prepared - RCRA LQG        | CCR 66262.41       |   |   | X |
| 24. Haz waste determination documentation      | CCR 66262.40(c)    |   |   | X |
| 25. Personnel training requirements met        | CCR 66265.16       |   |   | X |
| 26. SB14 requirements met for LQG's            | CCR 67100.3        |   |   | X |

### Hazardous Waste Generator continued.....

|   |                 | V | C | N |
|---|-----------------|---|---|---|
| 27. Hazwaste transported to proper TSDF     | CHSC 25163      |   |   | X |
| 28. Hazwaste transported by register hauler | CCR 66263.17    |   |   | X |
| 29. Excluded Recyclable Mat. record-keeping | CHSC 25143.2    |   |   | X |
| 30. Recyclable Mat. Reporting form filed    | CHSC 25143.10   |   |   | X |
| 31. Used oil receipts complete/available    | CHSC 25250.8(b) |   |   | X |
| 32. Proper management of used oil           | CHSC 25250.4    |   |   | X |
| 33. Proper management of Universal Waste    | CCR 66273       |   |   | X |
| 34. Proper management of used oil filters   | CCR 66266.130   |   |   | X |
| 35. Proper mgmt. of lead/acid batteries     | CCR 66266.81    |   |   | X |
| 36. Proper mgmt. of contaminated rags       | CHSC 25144.6    |   |   | X |

### HAZARDOUS MATERIALS BUSINESS PLAN

|   |               | V | C | N |
|---|---------------|---|---|---|
| 37. HMBP established and filed          | CHSC 25503.5  |   |   | X |
| 38. HMBP updated/accurate               | CHSC 25505    |   |   | X |
| 39. Regulated Substances Reg. completed | CHSC 25533(a) |   |   | X |

### UNDERGROUND STORAGE TANK

|                             |                     | V | C | N |
|-----------------------------|---------------------|---|---|---|
| 40. Tank meets requirements | CCR 23 Div. 3, Ch16 |   |   | X |
| 41. Tank meets requirements | UFC Article 52      |   |   | X |
| 42. Tank meets requirements | CHSC, Ch. 6.7       |   |   | X |

### ABOVEGROUND PETROLEUM STORAGE TANK

|   |              | V | C | N |
|---|--------------|---|---|---|
| 43. SPCC Plan complete per requirements | CHSC 25270.3 |   |   | X |

### TIERED PERMIT

|  |                 | V | C | N |
|--|-----------------|---|---|---|
| 44. Authorization to treat hazardous waste | CHSC 25201(a)   |   |   | X |
| 45. Certificate to financial assurance     | CCR 67450.13(a) |   |   | X |

### UNIFORM FIRE CODE

|   |                | V | C | N |
|---|----------------|---|---|---|
| 46. Compliance for flam. & combust. liquids | UFC Article 79 |   |   | X |
| 47. Compliance for hazardous materials      | UFC Article 80 |   |   | X |

### NARRATIVE/COMMENTS

cylinder unchained  
Excess oil waste drums in front of canopy area - need to be put into ww.  
treatment  
✓ 2nd containment for filter press.

Program Inspected: HMBP ☒ HWG ☒ LQG ☒ UST ☐ TP ☐ PBR ☐ CalARP ☐ SPCC ☐ SWPPP ☒ IW ☒ RECYCLER ☐  
Inspection Type: Routine ☒ Other ☐ HWG Status: LQG ☒ SQG ☐ CA ONLY ☐ RECYCLER ☐ CESQG Silver ☐ SPG ☐ Number of Employees: 9  
Inspection Category: Single Program ☐ Combined ☒ Joint ☐ Integrated/Multi-Media ☒ NOV Issued ☒



**City of Santa Fe Springs Fire Department**  
**Fire Protection Division      Environmental Protection Division**

11300 Greenstone Ave. Santa Fe Springs CA 90670-4619 (562) 944-9713 fax (562) 941-1817

# NOTICE OF VIOLATION & ORDER TO COMPLY

|                |                          |           |                       |
|----------------|--------------------------|-----------|-----------------------|
| Business Name  | <u>Electronic Chrome</u> | Contact   | <u>Ed Kruck</u>       |
| Site Address   | <u>9132 Dixie</u>        | Unit #    | <u></u>               |
| Business Owner | <u></u>                  | Telephone | <u>(562) 946-6671</u> |

Date Inspected 11 / 6 / 01 Inspector(s) Richard Hallman

☒ FIRST NOTICE

☐ SECOND NOTICE

Compliance  
Due Date

12-6-51

Compliance  
Due Date

\$ 300 FINE AFTER THIS DATE

\$ 600 FINE AFTER THIS DATE

Failure to comply by the  
2nd Notice will result in  
additional legal  
enforcement action.

**Correct the below stated violations, sign and return this form to avoid late fines.**

[illegible]

I have read and understand the above stated violations. After these violations have been corrected, I will sign and return this form to avoid late fines.

SIGNATURE OF RESPONSIBLE PARTY

PRINT NAME

DATE \_\_\_\_\_

The above conditions or practices represent a violation of the referenced code for which there are civil and/or criminal penalties. Failure to correct the above violations by the specified due date may result in legal action being taken against the above parties. The giving of this notice and recent inspection of your facility is not a representation by the City of Santa Fe Springs that no other violations exist on your premises. After you have corrected the violation(s), please sign and print your name along with the date and return this notice with any required documentation to the Santa Fe Springs Fire Department at the above address.

\_\_\_\_\_, THEREBY CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM

SIGNATURE OF RESPONSIBLE PARTY

PRINT NAME

DATE \_\_\_\_\_







## Fire Protection Division • Environmental Protection Division

11300 Greenstone Avenue • Santa Fe Springs, CA 90670-4619 • (562) 944-9713 • FAX (562) 941-1817 • [fire@santafesprings.org](mailto:fire@santafesprings.org)

Inspected by: Richard Kallman

Due Date

**M.R.**  **INT**

1st Notice NO CHARGE  
2nd Notice ~~100~~ Fine 100  
3rd Notice \$100 Fine  
Office Meeting \$500 Fine

The above conditions or penalties represent a violation of the referenced code for which there are civil and/or criminal penalties. Failure to correct the above violations by the specified due date may result in legal action being taken against the above parties. On-going, future notice and re-inspection of your facility is not a representation by the City of Santa Fe Springs that no other violations exist. After you have corrected the violation, please sign and print your name along with the date and return this with your required documentation to the Santa Fe Springs Fire Department at the above address.

1 HEREBY CERTIFY THAT THE ABOVE SPECIFIED VIOLATIONS HAVE BEEN CORRECTED

12-20-99  
Date

PINK - PPB/EPD COPY

## CITY OF SANTA FE SPRING

Fire Protection Division • Enviro

11300 Greenstone Avenue • Santa Fe Springs, CA 90670-4619 • (5

# NOTICE OF VIOLATION

Business Name: Electronic Chrome

Site Address: 9132 Dixie

**Business Owner:**

☒ FIRST NOTICE 11-3-99 ☒ SECOND NOTICE 1/28/00

## Compliance

DATE \_\_\_\_\_

12-5-99

## Compliance

DATE:

2/15/00

### Due Date

Due Date

CORRECT THE BELOW STATED VIOLATIONS, SIGN AND RETURN FORM TO AVOID

| ITEM | DESCRIPTION OF   |
|------|--|
| 1.   | Remove Kerosene unit or put<br>for use with flammable/combustible  |
| 2.   | Keep inspection log of waste<br>(22CCR 66265.174)  |
| 3.   | Discontinue storage of waste   |
| 4.   | Provide copy of influent to<br>treatment unit (22CCR 66265.174)  |
| 5.   | Update Forms for Tiered  |
|      | 2nd Notice of Violation and a \$10<br>with the above violations. Corre<br>return this form with payment by |

The above conditions or practices represent a violation of the referenced code for which there are civil and or criminal penalties. Failure to correct the above violations by the specified due date may result in legal action being taken against the above parties. The giving of this notice and recent inspection of your facility is not a representation by the City of Santa Fe Springs that no other violations exist on your premises. After you have corrected the violation, please sign and print your name along with the date and return this notice with any required documentation to the Santa Fe Springs Fire Department at the above address.

I HEREBY CERTIFY THAT THE ABOVE SPECIFIED VIOLATIONS HAVE BEEN CORRECTED.

**Signature of Responsible Party**

Name - Printed

Date \_\_\_\_\_

CHECK: 016267 03/03/00 CITY OF SANTA FE SPRINGS

CHK TOTAL:

100.00

**FINE**

02/29/00

100.00

$$\begin{matrix} Q_1 \\ Q_2 \end{matrix}$$

100.00

016267



# City of Santa Fe Springs

## Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • [www.santafesprings.org](http://www.santafesprings.org)

### CUPA REPORTING FORM DEFICIENCIES

BUSINESS NAME: ELECTRONIC CHROME AND GRINDING

SITE ADDRESS: 9132 DICE ROAD

MAILING ADDRESS: SAME AS ABOVE

CONTACT: MIKE REED DATE: SEPTEMBER 27, 1999

California State Law, Title 27, Section 15600 requires businesses to submit required information to their local Certified Unified Program Agency (CUPA), the Santa Fe Springs Fire Department (SFSFD). The SFSFD has reviewed the forms submitted by your facility. The following checked items are missing or inadequate and must be corrected by the due date below.

- ☐ Activity Declaration Form
- ☐ Facility Information Form
- ☒ Chemical Description Form (one form for each material and waste)
- ☐ Consolidated Contingency Plan
- ☐ Facility Plot Plan
- ☒ Hazardous Waste Generator Form
- ☐ Chemical Classification Forms
- ☒ Complete a Chemical Description Form for your Propane, Oxygen, Acetylene, MEK, Brucite, Motor Oil, Trichloroethane, Mineral Spirits, Cleaners and all Hazardous Waste. Also finish completing the enclosed Hazardous Waste Generator Form.

Failure to correct these violations before the below date will result in an additional Notice being issued with fines for non-compliance with CUPA programs (2nd Notice \$100 fine, 3rd Notice \$200 fine).

**OCTOBER 12, 1999**

Please contact Tiffany Shedrick of the Santa Fe Springs Fire Department at (562) 944-9713 if you have any questions, or require further assistance in this matter.

Sincerely,

Dave Klunk  
Director of Environmental Protection

DRK/ts



## City of Santa Fe Springs • Certified Unified Program Agency

## HAZARDOUS WASTE GENERATOR

PAGE \_\_\_\_ OF \_\_\_\_

|   |  |                       |   |               |                   |
|---|--|-----------------------|---|---------------|-------------------|
| BUSINESS NAME: ELECTRONIC CHROME & GRINDING |  |                       | 3 CAL EPA ID #:   C   A   D   1   0   0   8   1   3   9   1   4   2   7 |               |                   |
| SITE ADDRESS<br>9132 DICE ROAD              |  |                       | 104 CITY<br>SANTA FE SPRINGS  | 105 CA        | ZIP CODE<br>90670 |
| FACILITY ID #                               |  | 1 NO OF EMPLOYEES: 19 |   | FED EPA ID #: |                   |

## I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING GENERATOR CATEGORY THAT APPLIES TO THIS FACILITY:

☒ RCRA GENERATOR:☒ SMALL QUANTITY GENERATOR - SQG (> 100 KG BUT < 1000 KG RCRA HAZARDOUS WASTE PER MONTH)☐ LARGE QUANTITY GENERATOR - LQG (> 1000 KG RCRA HAZARDOUS WASTE PER MONTH)☒ NON RCRA GENERATOR:☒ CALIFORNIA WASTE ONLY☐ < 100 KG RCRA HAZARDOUS WASTE PER MONTH

## II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION:

| PROCESS         | WASTE DESCRIPTION         | WASTE ID   | AMT/YR | STORAGE METHOD | DISPOSAL METHOD |
|-----------------|---------------------------|------------|--------|----------------|-----------------|
| WATER TREATMENT | HIGH CHROME FILTER CAKE   | 181        | 37 T   | Box            | Recycl.         |
| GRINDING        | METAL SLUDGE (NON RCRA)   | 223<br>723 | 3000 P | Steel Drum     | Recycl.         |
| GRINDING        | WASTE WATER & OIL         | 135        | 1100 P | A-C            | Recycl.         |
| CHROME PLATING  | TANK BOTTOMS (SLUDGE W/U) | 0          | 0      | D              | -               |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |

I certify that the information provided herein is true and accurate to the best of my knowledge.

NAME (First Name, Last Name) Reed Philip Reed 911 TITLE Owner 912SIGNATURE Philip Reed DATE 10-11-99 913

## OFFICIAL USE ONLY

|            |             |          |
|------------|-------------|----------|
| DATE REC'D | REVIEWED BY | COMMENTS |
|------------|-------------|----------|



City of Santa Fe Springs • Certified Unified Program Agency  
**HAZARDOUS WASTE GENERATOR**

COPY

PAGE \_\_\_\_ OF \_\_\_\_

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| BUSINESS NAME: ELECTRONIC CHROME & GRINDING |  |  | CAL EPA ID #: [C][A][D][0][0][8][3][9][1][4][2] |  |  |
| SITE ADDRESS: 9132 DICE ROAD                |  |  | CITY: SANTA FE SPRINGS                          |  |  |
| FACILITY ID #                               |  |  | NO OF EMPLOYEES: 1                              |  |  |
|   |  |  | FED EPA ID #:                                   |  |  |

**I. TYPE OF GENERATOR**

PLEASE CHECK THE FOLLOWING GENERATOR CATEGORY THAT APPLIES TO THIS FACILITY:

☒ RCRA GENERATOR:

- ☒ SMALL QUANTITY GENERATOR - SQG (> 100 KG BUT < 1000 KG RCRA HAZARDOUS WASTE PER MONTH)  
☐ LARGE QUANTITY GENERATOR - LQG (> 1000 KG RCRA HAZARDOUS WASTE PER MONTH)

☒ NON RCRA GENERATOR:

- ☒ CALIFORNIA WASTE ONLY  
☐ < 100 KG RCRA HAZARDOUS WASTE PER MONTH

**II. WASTE STREAM IDENTIFICATION**

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION:

| PROCESS         | WASTE DESCRIPTION         | WASTE ID   | AMT/YR | STORAGE METHOD | DISPOSAL METHOD |
|-----------------|---------------------------|------------|--------|----------------|-----------------|
| WATER TREATMENT | HIGH CHROME FILTER CAKE   | 181        | 37 T   | Box            | Recycl          |
| GRINDING        | METAL SLUDGE (NON RCRA)   | 223<br>723 | 3000 P | Steel Drum     | Recycl          |
| GRINDING        | WASTE WATER & OIL         | 135        | 1100 P | A-C            | Recycl          |
| CHROME PLATING  | TANK BOTTOMS (SLUDGE W/U) | 0          | 0      | D              | -               |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |
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|                 |                           |            |        |                |                 |
|                 |                           |            |        |                |                 |

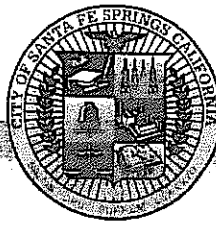
I certify that the information provided herein is true and accurate to the best of my knowledge.

NAME (First Name, Last Name) Reed Philip Reed TITLE Owner

SIGNATURE Philip Reed DATE 10-11-99

OFFICIAL USE ONLY

|            |             |          |
|------------|-------------|----------|
| DATE REC'D | REVIEWED BY | COMMENTS |
|------------|-------------|----------|



# City of Santa Fe Springs

## Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • [www.santafesprings.org](http://www.santafesprings.org)

### CUPA REPORTING FORM DEFICIENCIES

BUSINESS NAME: ELECTRONIC CHROME & GRINDING COMPANY INC.

SITE ADDRESS: 9132 DICE ROAD

MAILING ADDRESS: SAME AS ABOVE

CONTACT: CAROLINA BEAS

DATE: NOVEMBER 19, 1999

California State Law, Title 27, Section 15600 requires businesses to submit required information to their local Certified Unified Program Agency (CUPA), the Santa Fe Springs Fire Department (SFSFD). The SFSFD has reviewed the forms submitted by your facility. The following checked items are missing or inadequate and must be corrected by the due date below.

- ☐ Business Activities Form
- ☐ Business Owner / Operator Identification Form
- ☒ Hazardous Materials Inventory / Chemical Description (one form for each material / waste)
- ☐ Consolidated Contingency Plan
- ☐ Site Plan
- ☐ Hazardous Waste Generator Form
- ☐ Chemical Classification Forms
- ☒ Please complete a Chemical Description for all waste listed on the hazardous waste generator form enclosed.

Failure to correct these violations before the below date will result in an additional Notice being issued with fines for non-compliance with CUPA programs (2nd Notice \$100 fine, 3rd Notice \$200 fine).

**DECEMBER 6, 1999**

Please contact Tiffany Shedrick of the Santa Fe Springs Fire Department at (562) 944-9713 Ext.163 if you have any questions, or require further assistance in this matter.

Sincerely,

Dave Klunk  
Director of Environmental Protection

DRK/ts



# UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

PAGE 1 OF 1

☐ ADD ☐ DELETE ☐ REVISE

200

REPORTING YEAR

## I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)  
ELECTRONIC CHROME & GRINDINGCHEMICAL LOCATION  
9132 DICE ROAD, SANTA FE SPRINGS, CA 90670

MAP # (Optional)

GRID # (Optional)

CHEMICAL LOCATION  
CONFIDENTIAL ☐ YES ☒ NO

FACILITY ID#

## II. CHEMICAL INFORMATION

CHEMICAL NAME

COMMON NAME

CAS #

FIRE CODE HAZARD CLASSES

TYPE

☐ PURE ☐ MIXTURE ☒ WASTE

PHYSICAL STATE

☒ SOLID ☐ LIQUID ☐ GAS

FEDERAL HAZARD CATEGORIES

☐ FIRE☐ REACTION☐ PRESSURE RELEASE☐ ACUTE HEALTH☐ CHRONIC HEALTHAVERAGE DAILY  
AMOUNT

10 LBS

MAX DAILY  
AMOUNT

20 LBS

ANNUAL WASTE AMOUNT  
(If waste, complete Hazardous  
Waste Generator Form)

200

STATE WASTE CODE

DAYS ON SITE

45

UNITS\*

☐ GAL☐ CU FT ☒ LBS☐ TONS

\* If RS, amount must be reported in pounds.

## STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW:

- a ☐ ABOVEGROUND TANK  
b ☐ UNDERGROUND TANK  
c ☐ TANK INSIDE BUILDING  
d ☒ STEEL DRUM  
e ☐ PLASTIC/NONMETALLIC DRUM

- f ☐ CAN  
g ☐ CARBOY  
h ☐ SILO  
i ☐ FIBER DRUM  
j ☐ BAG

- k ☐ BOX  
l ☐ CYLINDER  
m ☐ GLASS BOTTLE  
n ☐ PLASTIC BOTTLE  
o ☐ TOTE BIN

- p ☐ TANK WAGON  
q ☐ RAIL CAR  
r ☐ OTHER

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

| % WT  | HAZARDOUS COMPONENT<br>(FOR MIXTURE WASTES ONLY) | RS/EHS*  | CAS # |
|-------|--|--|-------|
| 1 226 | 227  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 228   |
| 2 230 | 231  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 232   |
| 3 234 | 235  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 236   |
| 4 238 | 239  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 240   |
| 5 242 | 243  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 244   |

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

OTHER:

☐ RECYCLED☐ PREPACKAGED FOR DIRECT SALE TO THE PUBLIC

\* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND/OR A N EXTREMELY HAZARDOUS SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, 1 AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6).

OFFICIAL USE ONLY

COMMENTS

DATE

REVIEWED BY





# UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

PAGE OF

☐ ADD ☐ DELETE ☐ REVISE

200

REPORTING YEAR

## I. FACILITY INFORMATION

3

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)  
ELECTRONIC CHROME & GRINDING

201

CHEMICAL LOCATION  
CONFIDENTIAL ☐ YES ☒ NO

202

CHEMICAL LOCATION  
9132 DICE ROAD, SANTA FE SPRINGS, CA 90670

203

GRID # (Optional)

204

FACILITY ID#

1

MAP # (Optional)

## II. CHEMICAL INFORMATION

205

TRADE SECRET ☐ YES ☒ NO

206

CHEMICAL NAME

WASTE WATER & OIL

207

REGULATED SUBSTANCE/EHS\*  
☐ YES ☒ NO

208

COMMON NAME

Same as Above

209

\* If YES, all amounts must be in pounds

210

CAS #

FIRE CODE HAZARD CLASSES

212

CURIES

213

TYPE

☐ PURE ☐ MIXTURE ☒ WASTE

211

RADIOACTIVE  
☐ YES ☐ NO

214

LARGEST CONTAINER

215

PHYSICAL STATE

☐ SOLID ☒ LIQUID ☐ GAS

FEDERAL HAZARD CATEGORIES  
☐ FIRE

☐ REACTION

☐ PRESSURE RELEASE

☐ ACUTE HEALTH

☐ CHRONIC HEALTH

AVERAGE DAILY  
AMOUNT

50 GAL

217

MAX DAILY  
AMOUNT

50 GAL

218

ANNUAL WASTE AMOUNT  
(If waste, complete Hazardous  
Waste Generator Form)

219

STATE WASTE CODE

135

221

DAYS ON SITE

45

22

UNITS\*

☒ GAL

☐ CU FT ☐ LBS

☐ TONS

\* If RS, amount must be reported in pounds.

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW:

- a ☐ ABOVEGROUND TANK  
b ☐ UNDERGROUND TANK  
c ☒ TANK INSIDE BUILDING  
d ☐ STEEL DRUM  
e ☐ PLASTIC/NONMETALLIC DRUM

- f ☐ CAN  
g ☐ CARBOY  
h ☐ SILO  
i ☐ FIBER DRUM  
j ☐ BAG

- k ☐ BOX  
l ☐ CYLINDER  
m ☐ GLASS BOTTLE  
n ☐ PLASTIC BOTTLE  
o ☐ TOTE BIN

- p ☐ TANK WAGON  
q ☐ RAIL CAR  
r ☐ OTHER

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

| % WT | HAZARDOUS COMPONENT<br>(FOR MIXTURE WASTES ONLY)             | RS/EHS* | CAS# |
|------|--|---------|------|
| 226  | 227 <input type="checkbox"/> YES <input type="checkbox"/> NO | 228     |      |
| 230  | 231 <input type="checkbox"/> YES <input type="checkbox"/> NO | 232     |      |
| 234  | 233 <input type="checkbox"/> YES <input type="checkbox"/> NO | 236     |      |
| 238  | 239 <input type="checkbox"/> YES <input type="checkbox"/> NO | 240     |      |
| 242  | 243 <input type="checkbox"/> YES <input type="checkbox"/> NO | 244     |      |

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

OTHER:

☐ RECYCLED

\* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND/OR A N EXTREMELY HAZARDOUS SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6).

OFFICIAL USE ONLY

REVIEWED BY

COMMENTS



UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS INVENTORY  
CHEMICAL DESCRIPTION  
(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☐ REVISE

200

REPORTING YEAR

PAGE OF

|  |                          |   |     |
|--|--------------------------|---|-----|
| <b>I. FACILITY INFORMATION</b>   |                          |   |     |
| BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)<br>ELECTRONIC CHROME & GRINDING |                          |   | 3   |
| CHEMICAL LOCATION<br>9132 DICE ROAD, SANTA FE SPRINGS, CA 90670                                  | 201                      | CHEMICAL LOCATION<br>CONFIDENTIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 202 |
| MAP # (Optional)<br>203  | GRID # (Optional)<br>204 | FACILITY ID#<br>1   | 1   |

|   |   |  |     |
|---|---|--|-----|
| <b>II. CHEMICAL INFORMATION</b>   |   |  |     |
| CHEMICAL NAME<br>METAL SLUDGE (NON RCRA)  | 205                                     | TRADE SECRET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                 | 206 |
| COMMON NAME<br>Same as Above  | 207                                     | REGULATED SUBSTANCE/EHS *<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 208 |
| CAS #<br>209  | * If YES, all amounts must be in pounds |  |     |
| FIRE CODE HAZARD CLASSES<br>210   |   |  |     |
| TYPE<br><input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE  | 211                                     | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO               | 212 |
| PHYSICAL STATE<br><input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS  | 214                                     | LARGEST CONTAINER<br>55 GAL  | 215 |
| FEDERAL HAZARD CATEGORIES<br><input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH<br>216 |   |  |     |
| AVERAGE DAILY AMOUNT<br>75 LBS  | 217                                     | MAX DAILY AMOUNT<br>125 LBS  | 218 |
| UNITS*<br><input type="checkbox"/> GAL <input type="checkbox"/> CU FT <input checked="" type="checkbox"/> LBS <input type="checkbox"/> TONS   | 221                                     | ANNUAL WASTE AMOUNT<br>(If waste, complete Hazardous Waste Generator Form) 3000                  | 219 |
| * If RS, amount must be reported in pounds.   |   | STATE WASTE CODE<br>223/723  | 220 |
|   |   | DAYS ON SITE<br>45   | 222 |

|   |                                       |   |                                       |     |
|---|---------------------------------------|---|---------------------------------------|-----|
| <b>STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW</b>   |                                       |   |                                       | 223 |
| a <input type="checkbox"/> ABOVEGROUND TANK   | f <input type="checkbox"/> CAN        | k <input type="checkbox"/> BOX            | p <input type="checkbox"/> TANK WAGON |     |
| b <input type="checkbox"/> UNDERGROUND TANK   | g <input type="checkbox"/> CARBOY     | l <input type="checkbox"/> CYLINDER       | q <input type="checkbox"/> RAIL CAR   |     |
| c <input type="checkbox"/> TANK INSIDE BUILDING   | h <input type="checkbox"/> SILO       | m <input type="checkbox"/> GLASS BOTTLE   | r <input type="checkbox"/> OTHER      |     |
| d <input checked="" type="checkbox"/> STEEL DRUM  | i <input type="checkbox"/> FIBER DRUM | n <input type="checkbox"/> PLASTIC BOTTLE |                                       |     |
| e <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM   | j <input type="checkbox"/> BAG        | o <input type="checkbox"/> TOTE BIN       |                                       |     |
| STORAGE PRESSURE<br><input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT  |                                       |   |                                       | 224 |
| STORAGE TEMPERATURE<br><input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC |                                       |   |                                       | 225 |

| % WT  | HAZARDOUS COMPONENT<br>(FOR MIXTURE WASTES ONLY) | RS/EHS*  | CAS # |
|-------|--|--|-------|
| 1 226 | 227  | <input type="checkbox"/> YES <input type="checkbox"/> NO 228 | 229   |
| 2 230 | 231  | <input type="checkbox"/> YES <input type="checkbox"/> NO 232 | 233   |
| 3 234 | 235  | <input type="checkbox"/> YES <input type="checkbox"/> NO 236 | 237   |
| 4 238 | 239  | <input type="checkbox"/> YES <input type="checkbox"/> NO 240 | 241   |
| 5 242 | 243  | <input type="checkbox"/> YES <input type="checkbox"/> NO 244 | 245   |

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

|        |                                       |  |
|--------|---------------------------------------|--|
| OTHER: | <input type="checkbox"/> RECYCLED 246 | <input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC 247 |
|--------|---------------------------------------|--|

\* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND/OR A N EXTREMELY HAZARDOUS SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6).

OFFICIAL USE ONLY

|      |             |          |
|------|-------------|----------|
| DATE | REVIEWED BY | COMMENTS |
|------|-------------|----------|



# UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☐ REVISE

200

REPORTING YEAR

PAGE OF

## I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)  
ELECTRONIC CHROME & GRINDING CO., INC.

3

CHEMICAL LOCATION

201

CHEMICAL LOCATION

202

DICE ROAD, SANTA FE SPRINGS, CA 90670

CONFIDENTIAL ☐ YES ☒ NO

MAP # (Optional)

203

GRID # (Optional)

204

FACILITY ID#

1

## II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET ☐ YES ☒ NO

206

COMMON NAME

207

REGULATED SUBSTANCE/EHS \*  
☒ YES ☐ NO

208

CAS #

209

\* If YES, all amounts must be in pounds

FIRE CODE HAZARD CLASSES

210

TYPE

☐ PURE ☐ MIXTURE ☒ WASTE

211

RADIOACTIVE

☐ YES ☒ NO

212

CURIES

213

PHYSICAL STATE

214

☒ SOLID ☐ LIQUID ☐ GAS

LARGEST CONTAINER

215

FEDERAL HAZARD CATEGORIES

☐ FIRE ☐ REACTION ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH

216

AVERAGE DAILY  
AMOUNT

217

MAX DAILY  
AMOUNT

218

ANNUAL WASTE AMOUNT  
(If waste, complete Hazardous  
Waste Generator Form)

219

STATE WASTE CODE

220

UNITS\*

☐ GAL ☐ CU FT ☒ LBS

☒ TONS

221

DAYS ON SITE

222

\* If RS, amount must be reported in pounds.

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

223

- a ☐ ABOVEGROUND TANK  
b ☐ UNDERGROUND TANK  
c ☐ TANK INSIDE BUILDING  
d ☐ STEEL DRUM  
e ☐ PLASTIC/NONMETALLIC DRUM

- f ☐ CAN  
g ☐ CARBOY  
h ☐ SILO  
i ☐ FIBER DRUM  
j ☐ BAG

- k ☒ BOX  
l ☐ CYLINDER  
m ☐ GLASS BOTTLE  
n ☐ PLASTIC BOTTLE  
o ☐ TOTE BIN

- p ☐ TANK WAGON  
q ☐ RAIL CAR  
r ☐ OTHER

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

| % WT  | HAZARDOUS COMPONENT<br>(FOR MIXTURE WASTES ONLY) | RS/EHS*  | CAS # |
|-------|--|--|-------|
| 1 226 | 227  | <input type="checkbox"/> YES <input type="checkbox"/> NO 228 | 229   |
| 2 230 | 231  | <input type="checkbox"/> YES <input type="checkbox"/> NO 232 | 233   |
| 3 234 | 235  | <input type="checkbox"/> YES <input type="checkbox"/> NO 236 | 237   |
| 4 238 | 239  | <input type="checkbox"/> YES <input type="checkbox"/> NO 240 | 241   |
| 5 242 | 243  | <input type="checkbox"/> YES <input type="checkbox"/> NO 244 | 245   |

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

OTHER:

☒ RECYCLED

246

☐ PREPACKAGED FOR DIRECT SALE TO THE PUBLIC

247

\* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND/OR A N EXTREMELY HAZARDOUS SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6).

### OFFICIAL USE ONLY

DATE

REVIEWED BY

COMMENTS

# INSTRUCTIONS FOR COMPLETION OF THE UNIFIED PROGRAM CONSOLIDATED FORM

## HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION

You must complete a separate Chemical Description for each hazardous material (which consists of hazardous substances and hazardous waste) that you handle at your facility in amounts equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Regulated Substances, whichever is less. First determine if you meet the reporting threshold by basing inventory on aggregate amounts of hazardous materials handled at your facility. Then report the materials based on what is handled in each building or adjacent/outside area of the facility, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. Your material safety data sheets, shipping papers, and hazardous waste manifests will assist you in completing this inventory.

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by the CUPA and identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business
- TOTAL PAGES** The total number of pages in the inventory, including this page.
200. **ADD/DELETE/REVISE** Indicate if the chemical is being added to the inventory, deleted from the inventory, or if the information previously submitted is being updated.
- REPORTING YEAR** In the space provided, enter the year of the reporting period.
201. **LOCATION** The building or outside/adjacent area where the hazardous material is handled. A chemical that is not an RS and is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. *Note: This information is not subject to public disclosure pursuant to Section 25506 of the Health and Safety Code.*
202. **CONFIDENTIAL (EPCRA)** Check Yes or No.
203. **MAP NUMBER** The number of the map on which the location of the hazardous material is shown (if a map is included).
204. **GRID NUMBER** The grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be used.
205. **CHEMICAL NAME** The proper chemical name associated with the Chemical Abstract Service Number (CAS) of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). *Note: If the chemical is a mixture, do not complete this field; complete the "Common Name" field instead.*
206. **TRADE SECRET** Indicate if the information in this section is declared a trade secret, as defined in Chapter 6.95, Section 25511, Health and Safety Code. *Note: If yes, disclosure of the designated Trade Secret information is bound by Health & Safety Code Section 25511.*
207. **COMMON NAME** The common name or trade name of the hazardous material or mixture containing a hazardous material
208. **REGULATED SUBSTANCE (RS)/EXTREMELY HAZARDOUS SUBSTANCE (EHS)** Indicate if the hazardous material is a RS, or EHS as defined on the attached list of Regulated Substances. If the material is a mixture containing a RS, leave this section blank. *NOTE: If the Regulated Substance is at or above the Threshold quantity, then a Regulated Substance Registration Form (OES Form 2735.6) must also be completed. Only one chemical per process may be reported on the Regulated Substance Registration Form (OES Form 2735.6).*
209. **CAS #** The Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number, otherwise, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. **FIRE CODE HAZARD CLASSES** Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This section shall only be completed if your local Fire Chief deems it necessary to comply with the 1997 Uniform Fire Code (UFC), section 8002. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the UFC. Contact your local Fire Department and CUPA to determine if you need to complete this.
211. **TYPE** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If pure, check that box and leave blank boxes, 226 - 245. If mixture or waste, complete boxes 226 - 245, as appropriate.
212. **RADIOACTIVE** Indication of whether the chemical stored is radioactive.
213. **CURIES** The number of curies if the chemical stored is radioactive.
214. **PHYSICAL STATE** The physical state of the chemical stored.
215. **LARGEST CONTAINER** The total capacity of the largest container in which the material is stored.
216. **FEDERAL HAZARD CATEGORY** List category that describes the physical and health hazards associated with the hazardous material. Consult your Material Safety Data Sheet (MSDS).  
**FIRE:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers  
**REACTIVE:** Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive  
**PRESSURE RELEASE:** Explosives, Compressed Gases, Blasting Agents  
**ACUTE HEALTH (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives  
**CHRONIC HEALTH (delayed):** Carcinogens, Teratogens, Mutagens.
217. **AVERAGE DAILY AMOUNT** Calculate the average daily amount of the hazardous material or mixture containing a hazardous material that you project to be on hand during the course of the year.
218. **MAXIMUM DAILY AMOUNT** The maximum amount of each hazardous material or mixture containing a hazardous material which is handled in a building of the facility at any one time over the course of the year.
219. **ANNUAL WASTE AMOUNT** If the hazardous material being inventoried is a waste, provide an estimate of the annual amount generated. If waste, complete Hazardous Waste Generator Form.
220. **STATE WASTE CODE** The California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest.
221. **UNITS** The unit of measure which is most appropriate for the material being inventoried: gallons (for liquids), pounds and tons (for solids), and cubic feet (for gas). *NOTE: If the material is a Regulated Substance (RS), all amounts must be reported in pounds. If the material is a mixture and it contains an RS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).*
222. **DAYS ON SITE** The total number of days during the year that the material is on site.
223. **STORAGE CONTAINER** Select the type of storage containers in which the hazardous material is stored.
224. **STORAGE PRESSURE** Check the one box that best describes the pressure at which the hazardous material is stored.
225. **STORAGE TEMPERATURE** Check the box that best describes the temperature at which the hazardous material is stored.
226. **COMPONENT 1 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
227. **COMPONENT 1 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
228. **COMPONENT 1 RS/EHS** Indicate if the component of the mixture is considered a Regulated Substance or Extremely Hazardous Substance as defined in 19 CCR Chapter 4.5, Section 2735.3.
229. **COMPONENT 1 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
230. **COMPONENT 2 (% BY WEIGHT)** See 226 above.
231. **COMPONENT 2 NAME** See 227 above.
232. **COMPONENT 2 RS** See 228 above.
233. **COMPONENT 2 CAS #** See 229 above.
234. **COMPONENT 3 (% BY WEIGHT)** See 226 above.
235. **COMPONENT 3 NAME** See 227 above.
236. **COMPONENT 3 RS** See 228 above.
237. **COMPONENT 3 CAS #** See 229 above.
238. **COMPONENT 4 (% BY WEIGHT)** See 226 above.
239. **COMPONENT 4 NAME** See 227 above.
240. **COMPONENT 4 RS** See 228 above.
241. **COMPONENT 4 CAS #** See 229 above.
242. **COMPONENT 5 (% BY WEIGHT)** See 226 above.
243. **COMPONENT 5 NAME** See 227 above.
244. **COMPONENT 5 RS** See 228 above.
245. **COMPONENT 5 CAS #** See 229 above.
246. Check this box if material is recycled.
247. Check this box if material is prepackaged for direct sale to the public.